INFANT, CHILD AND ADOLESCENT HEALTH ASSESSMENT

		DATA REC	UIRED BY THE	PRIVACY ACT OF 19	994					
program considerations enrollment in Exception	or restriction on child nal Family Member Pro	participation; (3 gram, ROUTIN	B) execute emerger E USES: No inform	d health status of immunization and medical procedures for clination is disclosed outside Dite in community activities.	nronic illnesses/condit	tions; (4) refer	child for			
NAME OF SPONSOR DERO			S TELEPH	HONE (HOME)	TELEPHONE	TELEPHONE (DUTY)				
SPONSOR UNIT ADDRESS SPO			ISOR SSN	SPOUSE'S W	ORK PHONE					
		CHILD H	FALTH INFOR	RMATION (SPONSO	R)		_	± 1		
NAME OF CHILD		OTHER II	BIRTH DATE	Ĭ·	SEX					
NAME OF CHILD			BINTH DATE		SEX					
HAS YOUR CHILD E	BEEN UNDER THE S	SUPERVISION	OF A PHYSICIAN	N? (IF YES EXPLAIN CIRC	UMSTANCES AND	CURRENT S	STATU	S)		
IS CHILD ENROLLED	IN EXCEPTIONAL	FAMILY MEN	IBER PROGRAM	NO / YES LAST UPDAT	E:					
			IMMUNIZ	ZATIONS						
DTD/DT D	DATE	DATE	DATE	DATE	DATE	1000000	DATE			
DTP/DTaP HIB			_		+	TD PPD				
POLIO						1110				
HEP B				INFLUENZA						
MMR			HEP /							
VARICELLA			OTHE	R						
			MEDICAL	HISTORY						
		YES	S NO		MONTH PRODUCTION		YES	NO		
ANY HOSPITALIZA ALLERGIES TO ME	ATION OR OPERATION	2041		14. HEAT STROKE OR EXP	Marie Britishers					
SPEECH OR DEVE			+	16. JOINT INJURIES (ANKI						
VISION PROBLEMS	ESERT ASSESSED FOR THE STATE OF THE			The Control of the Co	THE VALUE OF THE PARTY OF THE P	TV				
5. EAR OR HEARING	- Alberta - In December - In D		_	17, REQUIRED RESTRICTED PHYSICAL ACTIVITY 18. FAMILY HISTORY OF DEATH LESS THAN AGE 40						
6. SEIZURES OR COM				19. FAMILY HX OF HEART DISEASE/STROKE < AGE 55						
7. DIZZINESS OR FA	INTING WITH EXERCI	SE		20. FAMILY HX OF HIGH CHOLESTEROL						
8. HEADACHES				21. FAMILY HX OF CANCE	ER					
9. HEAD INJURY OR LOSS OF CONSCIOUSNESS				22. DENTAL OR ORTHODO	ORTHODONTIC BRACES					
10. NECK OR BACK INJURY				23. CHICKEN POX (IF YES	, DATE:)				
11. ASTHMA OR DIFFICULTY BREATHING				24. ROUTINE OR DAILY M	DAILY MEDICATIONS (LIST BELOW)					
12. HEART OR BLOOD PRESSURE PROBLEMS				25. FEMALES: AGE OF FIRST PERIOD:						
13. CHEST PAIN WITH	H EXERCISE			26. OTHER PROBLEMS (LIS	ST BELOW):					
IF YOU ANSWER				LAIN:			YES	NO		
1. RECEIVE A PPD (SI							. 20	,,,,		
2. RECEIVE ANY IMM			10/00/1001							
RECEIVE A HEALTI RECEIVE EMERGEN				TS/CDS/OTHER ONAL ACTIVITIES INCLUDIN	IG CDS					
TYPED OR PRINT				GIGNATURE OF PAREN	25-411-14-14-14-14-14-14-14-14-14-14-14-14	N				
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